

IMPACT Program Contract Monitoring

COUNTY:

PROVIDER:

AGREEMENT #:

**SECTION 1**  
**IMPACT PROGRAM ACTIVITIES**

(To be completed at the entrance conference)

	Yes	No	NA
1. Is the client enrolled in an activity in an appropriate timeframe after referral is received?	( )	( )	( )
2. Does the provider understand what constitutes a referral?	( )	( )	( )
3. Does the provider clearly understand IMPACT Program policy regarding required client participation hours and expectations of their organization in this endeavor?	( )	( )	( )
4. Are referred clients being scheduled for the appropriate activities and hours per week?	( )	( )	( )
5. Do the scheduled hours correspond with the actual class or activity hours?	( )	( )	( )
6. Do referred clients receive clear direction as to the purpose of their being referred to the provider? (Ex. Job Readiness vs. Placement)	( )	( )	( )
7. Are clients given schedules as to when and where to be for the activities after their initial visit?	( )	( )	( )
8. Does the provider monitor client referrals, client participation, and client progress in an accurate and timely manner? (What kind of follow-up & How often?)	( )	( )	( )
9. Do provider staff present information and/or give direction that all clients can understand?	( )	( )	( )
10. Does the provider assist the client in coordination of child care?	( )	( )	( )
11. Does the provider assist client in coordination of transportation?	( )	( )	( )

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### *SECTION 1, continued*

	<b>Yes</b>	<b>No</b>	<b>NA</b>
12. Does the provider assist the client in accessing additional supportive services?	(      )	(      )	(      )
13. Are provider staff knowledgeable about, and are referrals made to, agencies offering substance abuse, domestic violence, and/or mental health services?	(      )	(      )	(      )
14. Does the provider assist the client in developing back-up plans for job retention issues?	(      )	(      )	(      )
15. Are transitional benefits discussed with the client at the appropriate time?	(      )	(      )	(      )
16. Is cultural sensitivity reflected by training materials and staff?	(      )	(      )	(      )

*SECTION 1 COMMENTS: (Please explain findings of "No")*

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**SECTION 2**  
**PROVIDER/LOCAL OFFICE COMMUNICATION**

(To be completed at the entrance conference)

	<b>Yes</b>	<b>No</b>	<b>NA</b>
1. Is there a formal procedure in place for the communication of case information?	( )	( )	( )
2. Are there regularly scheduled joint staffings between line staff of provider and the Local Office of Family and Children?	( )	( )	( )
3. Are management meetings held on a regular basis?	( )	( )	( )
4. Is case information notification by the provider to the Local Office of Family and Children sufficient and timely?	( )	( )	( )
6. Does provider maintain individual client records in enough detail so that someone unfamiliar with the client can communicate case information, if necessary?	( )	( )	( )
7. Is provider meeting outcomes as specified by contract?	( )	( )	( )
8. Do provider staff apply policy that is consistent with direction from the Local Office of Family and Children?	( )	( )	( )

**SECTION 2 COMMENTS:** *(Please explain findings of "No")*

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### **SECTION 3** **COMMUNITY COORDINATION**

(To be completed at the entrance conference)

Describe the working relationships this provider has with the community resources listed using the following scale:

**0** for N/A

**1** for "NONE"

**2** for "Communication"

**3** for "Collaboration"

**4** for "Partnership"

- |  |         |
|--|---------|
| 1. Township Trustee                          | (     ) |
| 2. ABE/GED Program                           | (     ) |
| 3. Charitable Groups                         | (     ) |
| 4. DWD/WtW/WIA                               | (     ) |
| 5. Vocational Rehabilitation                 | (     ) |
| 6. Community Mental Health Agencies          | (     ) |
| 7. Local Employers                           | (     ) |
| 8. Chamber of Commerce                       | (     ) |
| 9. Child Care Providers                      | (     ) |
| 10. Local Economic Development Organizations | (     ) |
| 11. Domestic Violence Service                | (     ) |
| 12. Local Office of Family and Children      | (     ) |
| 13. Faith Community                          | (     ) |
| 14. Prosecuting Attorney's Office            | (     ) |

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**SECTION 4**  
**SERVICE DELIVERY PERFORMANCE**

(To be completed at the entrance conference)

	<b>Yes</b>	<b>No</b>	<b>NA</b>
1. Does the Local Office feel that clients are treated with respect and dignity?	(      )	(      )	(      )
2. Has Local Office of Family and Children received an abnormal number of complaints from clients regarding the provider? If yes, explain below.	(      )	(      )	(      )
3. Are provider staff properly trained?	(      )	(      )	(      )
4. Does provider employ sufficient staff to provide all services?	(      )	(      )	(      )
5. What innovative service delivery strategies have been developed to meet the Local Office of Family and Children and/or client needs?			

**SECTION 4 COMMENTS:** *(Please explain findings of "No" in Questions 1,3 & 4)*

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**SECTION 5**  
**CLIENT/PROVIDER ACCESSIBILITY**

(To be completed at provider's site)

	<b>Yes</b>	<b>No</b>	<b>NA</b>
1. Is the provider's training site well marked and visible?	(      )	(      )	(      )
2. Is it centrally located to the majority of the clients homes?	(      )	(      )	(      )
3. Is the site located on a public transportation route (if public transportation is available)?	(      )	(      )	(      )
4. Are all of the provider's facilities accessible to physically challenged clients? (Ex., designated accessible parking, widened doorways, ramps)	(      )	(      )	(      )
5. Do the provider's hours of operation and availability meet the needs of referred clients?	(      )	(      )	(      )
6. Are rooms appropriately appointed and possess adequate space, lighting and ventilation?	(      )	(      )	(      )
7. Does the site have adequate communication resources for clients (fax, answering machines, phones, internet) for job search purposes?	(      )	(      )	(      )
8. Are exits marked?	(      )	(      )	(      )

**SECTION 5 COMMENTS:** *(Please explain findings of "No")*

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### **SECTION 6 FINANCIAL**

(To be completed at provider's site)

	<b>Yes</b>	<b>No</b>	<b>NA</b>
1. Can provider produce complete client records for all cases listed in sample pull?	(      )	(      )	(      )
2. Are client financial records maintained in a computerized system?	(      )	(      )	(      )
3. Is there a properly completed referral from the Local Office of Family and Children or other provider in the client file?	(      )	(      )	(      )
4. Is there sufficient documentation in client files to substantiate that a payment point can be billed? (Correct program/Object code/Date)	(      )	(      )	(      )
5. Are reconciliations performed quarterly so that billing issues are resolved in a timely manner?	(      )	(      )	(      )
6. Does the provider have a subcontractor? <b><i>If yes, the following is a brief description of the arrangement:</i></b>	(      )	(      )	(      )

**SECTION 6 COMMENTS:***(Please explain findings of "No" in Questions 1-5)*

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